

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

1 (1) / 566196  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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21						
22	1					
23		1				
24		1				
25		1				
26		1				
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30		1				
31		1				
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38		1				
39		1				
40	1					
41		1				
42	1					
43		1				
44		1				
45	1					
46		1				
47		2				
48		2				
49		2				
50		1				
TOTAL IND.	4					
TOTAL DEP.	28					
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						